## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION!	INITALS	ID NO.	DATE
FEE DETERMINATION	46:1		10-01-01
O.I.P.E. CLASSIFIER		49	10/15/01
FORMALITY REVIEW	S-A	1085	10-21-01
RESPONSE FORMALITY REVIEW	Mo	Jana	103/9/in
			.,,

## **INDEX OF CLAIMS**

1	Rejected	N .	Non-elected
	Allowed	1.	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

÷	Restricted U	Objected
Claim Date	Claim Date	Claim Date
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If more than 150 claims or 10 actions staple additional sheet here

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